

WellCare of Nebraska



Provider Orientation

Provider Relations

Developed by
Enterprise Learning and Development

Last Revised: 10/17/16

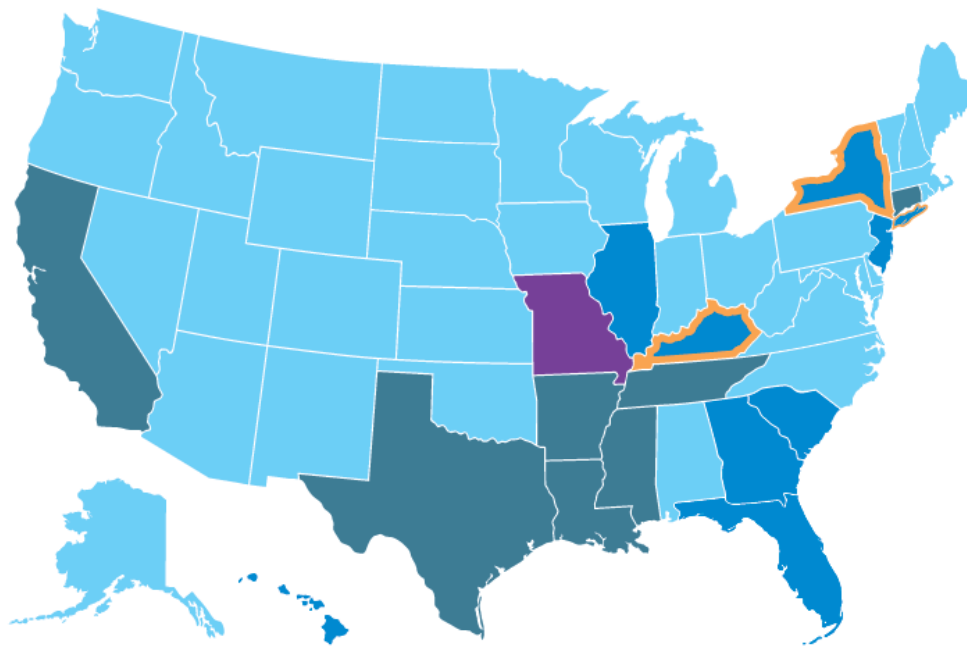


- **WellCare Overview**
- **Provider Resources**
- **Billing and Payment**
- **Eligibility and Benefits**
- **Member Care and Quality**
- **Compliance**
- **Contracting & Credentialing**

WellCare Overview

Company Snapshot

OUR PRESENCE



Founded in 1985 in Tampa, Fla.:

- Serving 3.7 million members nationwide
- 365,000 contracted health care providers
- 68,000 contracted pharmacies

Serving 2.4 million Medicaid members, including:

- Aged, Blind and Disabled (ABD)
- Children's Health Insurance Program (CHIP)
- Family Health Plus (FHP)
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)

Serving 1.4 million Medicare members, including:

- 326,000 Medicare Advantage members
- 1 million Prescription Drug Plan (PDP) members

Serving the full spectrum of member needs:

- Dual-eligible populations (Medicare and Medicaid)
- Health Care Marketplace plans
- Managed Long Term Care (MLTC)

Spearheading efforts to sustain the social safety net:

- The WellCare Community Foundation
- WellCare Associate Volunteer Efforts (WAVE)
- Advocacy Programs

Significant contributor to the national economy:

- A FORTUNE 500 and Barron's 500 company
- 7,000 associates nationwide
- Offices in all states where the company provides managed care

Vision

To be a leader in government-sponsored health care programs in collaboration with our members, providers and government partners. We foster a rewarding and enriching culture to inspire our associates to do well for others and themselves.

Mission

Our members are our reason for being. We help those eligible for government-sponsored health care plans live better, healthier lives.

Core Values

- Partnership
- Integrity
- Accountability
- One Team





★ Headquarters, Lincoln

- Executive Leadership
- Government Affairs
- Regulatory Affairs
- Finance
- Compliance
- Information Technology

★ Regional Offices

- Community Based Care Managers
- Provider Relations Representatives
- Member Services Staff
- Quality Practice Advisors
- Network Management

★ Omaha

- Quality Improvement
- Utilization Management
- Care Management
- Behavioral Health
- Provider Relations
- Network Development
- Human Resources

Each Regional Office will have a Member- and Provider-facing “Welcome Room”.

Provider Resources

Multiple Levels of Provider Service

- Provider Relations Representatives
- Provider Claims Educator
- Provider Service Call Center
- Provider Self-service Options – Provider Web Portal
 - Ability to submit claims and view claim status on-line
 - Ability to submit authorization requests and view authorization status on-line
 - Prior-authorization look-up tool to see authorization is required
 - Clinical Practice Guidelines
 - Clinical Coverage Guidelines
 - Verify member eligibility status
- Clinical HEDIS Practice Advisors
- Care coordinators

- ❑ Review the **Provider Manual** for more detailed information about provider requirements and how-to instructions, including:

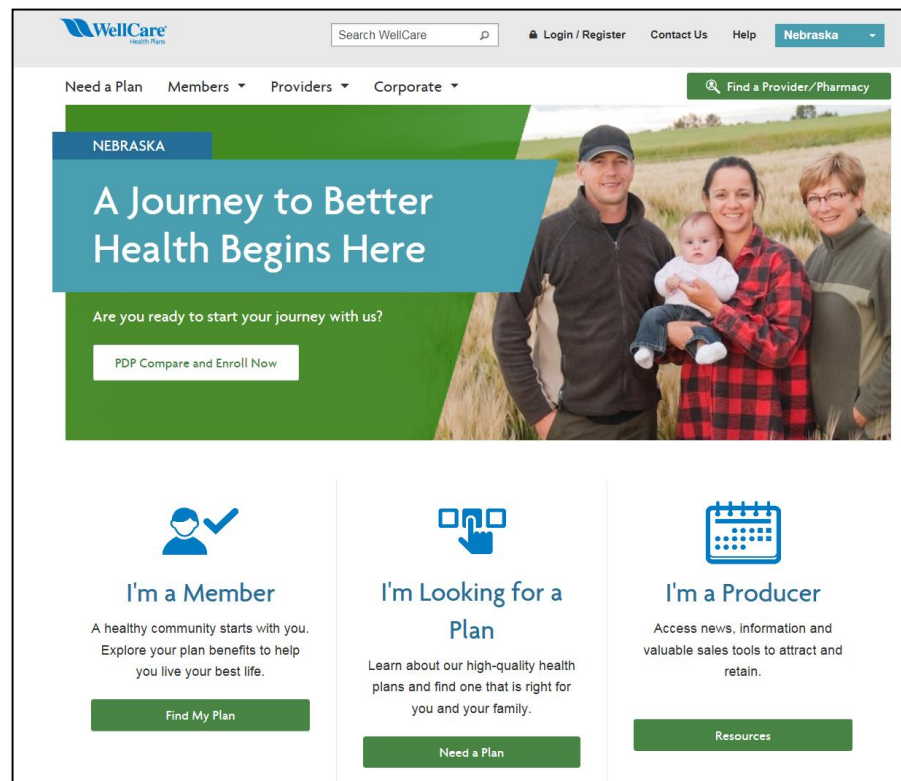
Provider and Member Administrative Guidelines	Claims	Credentialing
Utilization Management and Care & Disease Management	Quality Improvement	Appeals and Grievances
Delegated Entities	Compliance	Pharmacy Services

- ❑ Refer to the **Provider Resource Guide** and **Provider How-To Guide** as your resources for the most common transactions with WellCare of Nebraska, including:
 - Registering for, and how to use, WellCare of Nebraska's provider portal such as member eligibility and co-pay information, authorization requests, claims status and inquiry, provider news and more.
 - How to file a claim via paper, electronically, or via WellCare of Nebraska's Direct Data Entry (DDE).
 - How to file a grievance.
 - How to file an appeal.

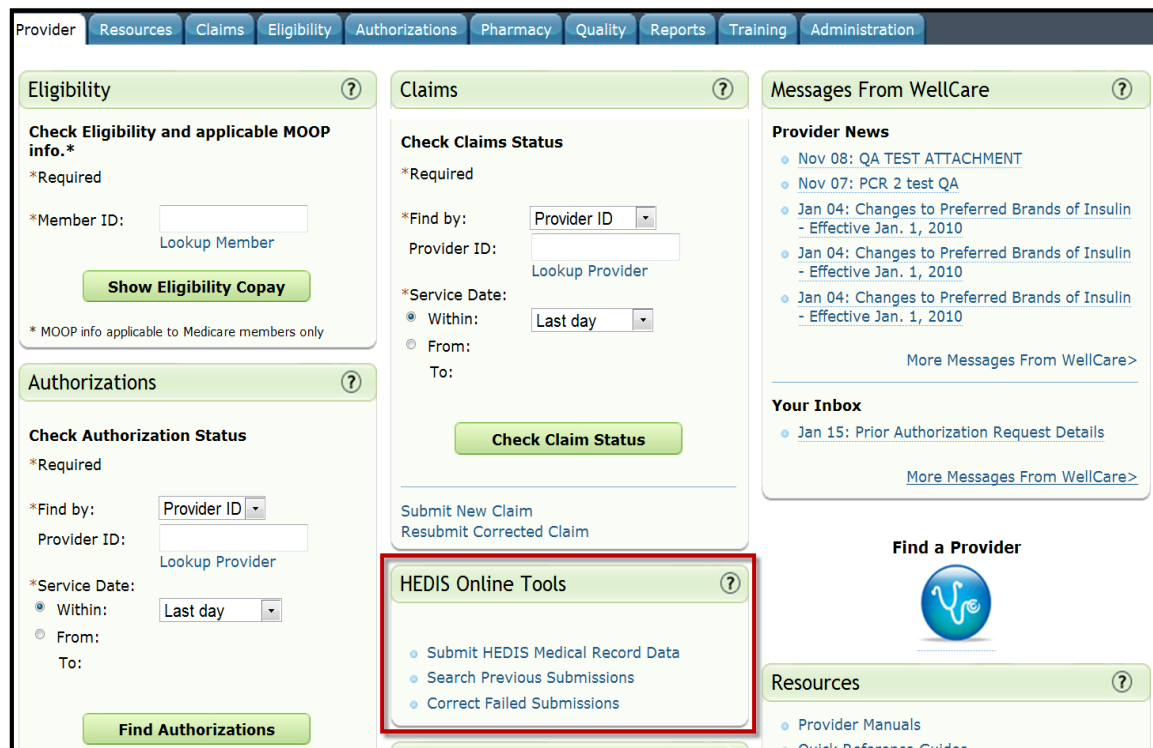
- ❑ You can expect WellCare of Nebraska to consistently communicate and outreach to providers in an effort to keep you informed.
- ❑ Local Provider Relations representatives are dedicated to serving your needs.
- ❑ Provider Memos outlining key information, including health plan changes, new programs and more, will be sent to you via fax, letter, newsletter and/or online through our secure Provider Portal (if registered).
 - In an effort to ensure you are notified timely, remember to always update your contact information with WellCare of Nebraska in the event you move or your contact information changes.
- ❑ We are proud to serve both you and our members. Feel free to contact your Provider Relations representative to schedule an in-service meeting.
- ❑ You may contact Provider Services by calling toll free at **1-855-599-3811**.

❑ Providers have access to a variety of easy-to-use reference materials at <https://www.wellcare.com/en/Nebraska> including:

- Information on Plan/Product availability
- Resource Guides related to claims, authorizations, EFT and how to contact us
- Provider Manuals
- Clinical Practice and Clinical Coverage Guidelines
- Provider & Pharmacy lookup
- Quick Reference Guides that provide contact information for specific departments and authorization information
- Provider Education



- ❑ By registering for WellCare of Nebraska's secure online Provider Portal, providers have access to member eligibility and co-pay information, authorization requests, claims status and inquiry, a provider inbox to receive specific messages from WellCare of Nebraska, and provider training.
- ❑ Provider Relations representatives are available to assist in many requests. Contact your local market office for assistance.



Billing and Payment

1. Claims must be submitted within **180 days** of the date of service.
2. Claims will be processed and paid or denied within **15 business days** of receipt.
3. **Daily** check runs for both paper checks and electronic funds transfer (EFT) payments, except for Sundays and the last day of each month.

You may submit claims to WellCare three ways:

1. Electronic Submission via Electronic Data Interchange
 - a) WellCare's preferred clearinghouse is RelayHealth
 - b) Payer ID number is 14163
2. Direct Data Entry through secure web portal
3. Paper Claims may be mailed to:

**WellCare of Nebraska
Claims Department
PO Box 31372
Tampa, FL 33631**

- ❑ Providers should submit demographic changes in writing to WellCare of Nebraska at:

WellCare of Nebraska
Provider Operations Team
10040 Regency Circle, Suite 100
Omaha, NE 68114
Fax Number: 1-855-606-8427

- ❑ Providers can also contact Customer Service to report demographic changes:

- Call **1-855-599-3811** to report the change.
- A provider relations representative will respond to collect the information.

- ❑ The following are the changes that need to be reported:

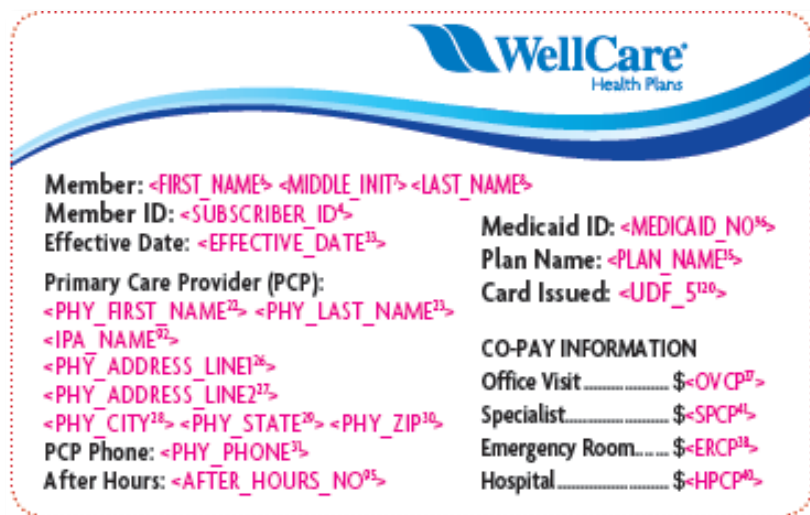
- Change in address (Physical or Billing)
- Contact information such as phone, fax, or email
- Termination of WellCare of Nebraska contract
- Established capacity of accepting new members
- Legal Name Change
- Change in Tax ID number
- NPI addition
- Additional languages spoken

- ❑ WellCare offers providers electronic funds transfer (EFT) and Electronic Remittance Advice (ERA). These services are provided at no charge to providers and serves as a secure, quick way to electronically transact claims payment.
- ❑ WellCare collaborates with PaySpan Health to offer this service.
- ❑ Additional information for Nebraska providers about signing up with PaySpan Health will soon be available on our WellCare of Nebraska website and through your dedicated provider relations representative.

Eligibility and Benefits

Sample Member ID Cards

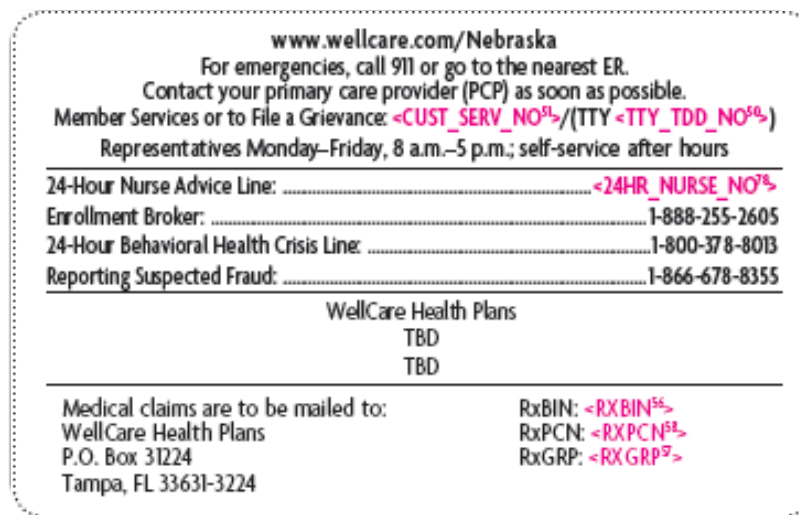
Front of the Card



The front of the card features the WellCare Health Plans logo at the top. Below the logo, the card displays member information in a structured layout. The member's name, ID, and effective date are listed on the left. The primary care provider (PCP) information, including name, address, and phone, is listed below. The Medicaid ID, plan name, and card issue date are listed on the right. The CO-PAY INFORMATION section at the bottom right lists various services and their associated costs.

Member: <FIRST_NAME> <MIDDLE_INIT> <LAST_NAME>
Member ID: <SUBSCRIBER_ID>
Effective Date: <EFFECTIVE_DATE>
Primary Care Provider (PCP):
<PHY_FIRST_NAME> <PHY_LAST_NAME>
<IPA_NAME>
<PHY_ADDRESS_LINE1>
<PHY_ADDRESS_LINE2>
<PHY_CITY> <PHY_STATE> <PHY_ZIP>
PCP Phone: <PHY_PHONE>
After Hours: <AFTER_HOURS_NO>
Medicaid ID: <MEDICAID_NO>
Plan Name: <PLAN_NAME>
Card Issued: <UDF_5>
CO-PAY INFORMATION
Office Visit \$<OVCP>
Specialist \$<SPCP>
Emergency Room \$<ERCP>
Hospital \$<HPCP>

Back of the Card



The back of the card provides contact information for WellCare Health Plans. It includes the website, emergency instructions, and contact numbers for various services. The card also lists the 24-hour nurse advice line, enrollment broker, 24-hour behavioral health crisis line, and reporting suspected fraud. The cardholder's name and address are listed at the bottom.

www.wellcare.com/Nebraska
For emergencies, call 911 or go to the nearest ER.
Contact your primary care provider (PCP) as soon as possible.
Member Services or to File a Grievance: <CUST_SERV_NO> / (TTY <TTY_TDD_NO>)
Representatives Monday–Friday, 8 a.m.–5 p.m.; self-service after hours
24-Hour Nurse Advice Line: <24HR_NURSE_NO>
Enrollment Broker: 1-888-255-2605
24-Hour Behavioral Health Crisis Line: 1-800-378-8013
Reporting Suspected Fraud: 1-866-678-8355
WellCare Health Plans
TBD
TBD
Medical claims are to be mailed to:
WellCare Health Plans
P.O. Box 31224
Tampa, FL 33631-3224
RxBIN: <RXBIN>
RxPCN: <RXPCN>
RxGRP: <RXGRP>

Don't Forget:

Providers are responsible for verifying eligibility prior to services being rendered.

- ☐ WellCare will cover, at a minimum, all benefits and services deemed medically necessary that are covered under our Contract with DHHS.
- ☐ While some WellCare members have co-pays for certain services there are certain exceptions. A complete listing of covered benefits and co-pays can be found within our provider manual.

There are no co-pays for:

- ☐ Members who are **18 years of age or younger**.
- ☐ Pregnant members, during pregnancy and through postpartum – the last day of the month following the 60-day postpartum period.
- ☐ Members who are in an institution and whose services are reduced because of personal income.
- ☐ Members receiving hospice care.
- ☐ Native American members.
- ☐ Members who are receiving Medicaid for treatment of breast or cervical cancer.

For more information on WellCare of Nebraska's covered benefits, refer to the [Provider Manual](#).

- ❑ WellCare of Nebraska will provide members with a comprehensive array of mental health and substance abuse services for adults, adolescents and children including:
 - Behavioral health inpatient
 - Standard outpatient services
 - Residential treatment
 - Halfway house
 - Community based services
 - Peer support services
 - Psychological testing (requires pre-authorization)
- ❑ Members can self refer and **DO NOT** need to call their PCP for a referral for a mental health or substance abuse assessment.
- ❑ Emergency behavioral health services do not require authorization.
- ❑ Inpatient admission notification is required on the next business day following admission.
- ❑ For some outpatient services, members can schedule appointments and access services with no prior authorization from WellCare required.



For more information WellCare of Nebraska's Behavioral Health benefits, refer to the [Provider Manual](#).

- ❑ To ensure members receive the most out of their pharmacy benefit, please consider the following guidelines when writing prescriptions:
 - Follow national standards of care guidelines for treating conditions.
 - Prescribe drugs on WellCare of Nebraska's Preferred Drug List (PDL).
 - Prescribe generic drugs when therapeutic equivalent drugs are available within a therapeutic class.
 - Evaluate medication profiles for appropriateness and duplication of therapy.
- ❑ WellCare of Nebraska has pharmaceutical utilization management (UM) tools that are used to optimize the Pharmacy program and they include:
 - Preferred Drug List (PDL)
 - Drug Evaluation Review (DER) process
 - Mandatory Generic Policy
 - Step Therapy (ST)
 - Quality Level Limit (QL)
 - Restrictive Services



For more information on Pharmaceutical Utilization Management (UM) tools, refer to the [Provider Manual](#).

Member Care and Quality

WellCare of Nebraska's Utilization Management (UM) program includes review processes such as notifications, referrals, prior authorization, concurrent review and/or retrospective review.

Prior Authorization

WellCare of Nebraska requires prior authorization for elective or non-emergency services, as designated by WellCare of Nebraska.

- **Prior authorizations may be requested three ways:**
 - Online via the secure Provider Portal
 - Fax
 - Phone for urgent requests
- **Decision Timeframes:**
 - Notice will be given as expeditiously as a member's condition requires; state requirement is 14 days
 - Expedited requests will not exceed 72 hours from receipt of request
- **Reasons for requiring authorization may include:**
 - Review for medical necessity
 - Appropriateness of rendering provider
 - Appropriateness of setting
 - Care and Disease management considerations

Resources Available On Web Portal:

[Clinical Coverage Guidelines \(CCGs\)](#)

We offer a helpful search tool that allows providers to search evidence-based guidelines detailing the medical necessity of procedures or technologies.


[Clinical Practice Guidelines \(CPGs\)](#)

Best-practice recommendations based on available clinical outcome trend and scientific evidence.

[Authorization Look-up Tool](#)

An easy way to verify authorization requirements by CPT code and place of service.

Authorization Lookup Tool



Search WellCare

Login / Register

Contact Us

Help

Illinois

Need a Plan

Members

Providers

Corporate

Find a Provider/Pharmacy

PDF

Print

Page Help

Providers

Providers / Authorization Lookup

Related Information

[CareCore National](#)

Authorization Lookup

Please select your line of business and enter a CPT to look up authorization for services.

Select Line of Business ?

Select

Enter CPT Code ?

CPT Code

Reset

Lookup

Resources:

CPT Code Additions to Authorization Required List – Effective 4/1/16



Medicaid Quick Reference Guide



Medicare Quick Reference Guide



Provider Appeals

- ❑ A Provider may request an Appeal regarding Provider payment or contractual issues, on his or her own behalf within **90 calendar days** from the original utilization management notice of action or claim denial.
- ❑ Cases filed after **90 calendar days** will be denied for untimely filing. If the Provider feels they have filed their case within the appropriate time frame, the Provider may submit documentation showing proof of timely filing.
- ❑ The plan will review the authorization denial, claim or claim-related issue for resolution and respond to the provider within **60 calendar days** of the day after the date of submission to the Plan.
- ❑ When submitting an appeal, the provider must:
 - Supply specific, pertinent documentation that supports the appeal.
 - Include all medical records that apply to the service.
 - Submit the appeal and accompanying documentation to the address below:

WellCare Appeals
P.O. Box 31368
Tampa, FL 33631-3368
Fax: 1-866-201-0657
Telephone: 1-866-334-7927

Hours of Operation: Monday–Friday, from 8 a.m. to 7 p.m.

- ❑ **Alere** – Maternity Risk Assessment, High Risk Maternity and Care Management
- ❑ **Alere** – Transplant network
- ❑ **Eliza** – Interactive voice recognition for HRA
- ❑ **CareNet** – 24/7 nurse line
- ❑ **eviCore** – UM for radiology, cardiology, etc.
- ❑ **Results Technologies** – Member Engagement Unit outreach
- ❑ **Focus Health Inc.** – Behavioral Health utilization management decision reviews and consultations

For more information on utilization management vendors, refer to the [Quick Reference Guide](#).

Care Management

- ❑ After enrolling in the WellCare of Nebraska Health Plan, all members will receive a Welcome Call that includes a Health Risk Assessment (HRA) Screening.
- ❑ Members with identified needs will be contacted by a member of the **Care Management** team to offer Care Management services.
 - The member will be matched with a **Care Manager** whose skill sets match the member's needs.
 - The **Care Manager** will then schedule a meeting with the member to complete additional assessments that will allow for increased understanding about their health history and needs.
- ❑ Members may qualify for Care Management Services if they have:
 - Complex illnesses that require the coordination of many services.
 - Children with special health care needs.
 - Had or are going to have a transplant.
 - A high-risk pregnancy.
 - Multiple chronic illnesses.
 - High-risk behavioral health care needs.
 - Experienced domestic abuse.
 - A responsibility for someone in foster care or adult guardianship.
 - Special health care needs.

Members can request to change their Care Manager as often as they like.

Disease Management

- ❑ Our disease management program can provide members educational materials to assist them in managing their condition.
- ❑ Members may qualify for disease management services if they have or need help with:
 - Asthma
 - Coronary Artery Disease (CAD)
 - Congestive Heart Failure (CHF)
 - Chronic Obstructive Pulmonary Disease (COPD)
 - Diabetes
 - Hypertension
 - Stopping smoking (smoking cessation)
 - Weight management (obesity)

Contacting Care and Disease Management

- ❑ Care Management and Disease Management can be reached at these toll free numbers:
 - **Care Management:** 1-866-635-7045 (TTY/TDD: 1-877-247-6272)
 - **Disease Management:** 1-877-393-3090 (TTY 1-877-247-6272)

(Monday through Friday 8:00 a.m. to 6:00 p.m., CST)

- ❑ WellCare of Nebraska's Quality Improvement (QI) Program activities include, but are not limited to:
 - Monitoring and improving clinical indicators and outcomes
 - Monitoring appropriateness of care
 - Quality studies
 - Healthcare Effectiveness Data and Information Set (HEDIS®) measures
 - Medical records audits
 - Improving member and provider satisfaction
- ❑ Providers are contractually responsible for participating in QI projects and medical record review activities.
- ❑ HEDIS® is a mandatory process that occurs annually. It is an opportunity for WellCare of Nebraska and its providers to demonstrate the quality and consistency of care that is available to members.

For more information on WellCare of Nebraska's Quality Improvement program, refer to the [Provider Manual](#)

Compliance

- ❑ All providers, including provider employees and sub-contractors, their employees and delegated entities, are required to comply with WellCare of Nebraska's compliance program requirements, including those contracted with WellCare of Nebraska Health Plan.
- ❑ WellCare of Nebraska's compliance program requirements include, but are not limited to, the following:
 - Provider Training Requirements
 - Limitations on Provider Marketing
 - Adherence to Code of Conduct and Business Ethics
 - Cultural Competency and sensitivity
 - Americans with Disabilities Act (ADA) requirements
 - For more information on the ADA please visit <http://www.ada.gov/>
 - To access interpreter and sign language services, please contact our Customer Service toll free line.
 - Fraud, Waste and Abuse (FWA) detection and prevention

For more information on WellCare of Nebraska's Compliance program and specific compliance requirements, refer to the [Provider Manual](#).

WellCare of Nebraska embraces the fundamental importance of cultural competency in reducing health disparities and improving access to high-quality health care.

- ❑ The purpose of the Cultural Competency program is to ensure that WellCare meets the unique, diverse needs of all members, to provide that the associates of WellCare value diversity within the organization and to see that members in need of linguistic services have adequate communication support.
- ❑ In addition, WellCare is committed to ensuring that its staff and its provider partners, as well as its policies and infrastructure, are attuned to meeting the diverse needs of all members they serve.
- ❑ The components of WellCare's Cultural Competency Program include:
 - Data Analysis
 - Community-Based Support
 - Diversity and Language Abilities of WellCare staff
 - Diversity of Provider Network
 - Linguistic Services
 - Electronic Media
 - Provider Education



- ❑ **The Americans with Disabilities Act (ADA)** became law in 1990. The ADA prohibits discrimination and guarantees that people with disabilities have the same opportunities as everyone else to participate in the mainstream of American life.
- ❑ To be protected by the ADA, one must have a disability, which is defined by the ADA as a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment. The ADA does not specifically name all of the impairments that are covered.
- ❑ Participating WellCare Providers must:
 - Provide reasonable accommodations to those with hearing, vision, cognitive, and psychiatric disabilities.
 - Utilize waiting rooms and exam room furniture that meet the needs of all members, including those with physical and non-physical disabilities.
 - Provide accessibility along public transportation routes and/or provide enough parking.
 - Utilize clear signage throughout the facilities (i.e., color and symbol signage).

Linguistic and Interpreter Services

- ❑ Providers will identify members that have potential linguistic barriers for which alternative communication methods are needed and will contact the Plan to arrange appropriate assistance.
- ❑ Members may receive interpreter services at no cost when necessary to access covered services through a vendor, as arranged by the Customer Service Department.
- ❑ The Interpreter services that are available include:
 - Verbal translation
 - Verbal interpretation for those with limited English proficiency
 - Sign language for the hearing impaired
- ❑ These services will be provided by vendors with such expertise and are coordinated by the Plan's Customer Service Department.
- ❑ Written materials are available for members in large print format, and certain non-English languages, prevalent in the Plan's service areas.
- ❑ To access interpreter and sign language services, please contact our Customer Service at [1-855-599-3811](tel:1-855-599-3811) (TTY [1-877-247-6272](tel:1-877-247-6272)).

For more information on interpreter and sign language services, refer to the [Provider Manual](#).

What does Fraud, Waste and Abuse Look Like?

Fraud

- Intentional deception, concealment or misrepresentation made by someone with knowledge that the deception will result in benefit or financial gain.

Abuse

- A practice that is inconsistent with accepted business or medical practices/standards results in unnecessary cost.
- Can be thought of as potential fraud, where the provider's intent may have been unclear.

Waste

- Includes any practice that results in unnecessary use/consumption of financial or medical resources.
- May not involve personal gain, but often signifies poor management decisions, practices or controls.



- ❑ WellCare of Nebraska is committed to compliance with applicable federal and state laws, rules, and regulations related to Fraud, Waste and Abuse (FWA).
- ❑ The Company has created a Special Investigation Unit (SIU) which works with the State of Nebraska with regard to FWA and is responsible for the following:
 - Detection
 - Prevention
 - Investigation
 - Reporting
 - Correction
 - Deterrence

The SIU investigates cases and reports to the State of Nebraska some of the following types of behavior indicative of FWA:

- ☐ Prescription drug shorting
- ☐ Billing non-covered/non-chargeable Services
- ☐ Patterns of waiver of member cost-share or deductible
- ☐ Improper billing practices
- ☐ Claims not medically necessary, or not to the extent rendered
- ☐ Quality of Care
- ☐ Failure to maintain adequate medical or financial records
- ☐ Refusal to furnish records
- ☐ Refusal to permit on-site inspections and audits
- ☐ Payment for excluded medications
- ☐ Prescription stockpiling
- ☐ Questionable member eligibility
- ☐ Cover-Ups in coordination of benefits

Contracting and Credentialing

- ☐ Provider contract packets have been mailed to Medicaid providers across the state.
- ☐ Packets include:
 - Informational Cover Letter
 - Participating Provider Agreement (the contract)
 - WellCare Fact Sheet
 - Provider Profile sheet
 - IRS Form W-9 (“Request for Taxpayer Identification”)
 - Nebraska Ownership/Controlling Interest and Conviction Disclosure Form
- ☐ Instructions for help with completing any of the requested information is also included.

- ❑ WellCare follows the specific credentialing process and corresponding criteria set forth by NCQA.
- ❑ Whether you provide a completed credentialing application or a recently-attested CAQH number, WellCare's credentialing team will conduct primary source verification as appropriate and prepare the provider's file for review by the Credentials Committee.
- ❑ "Clean" credentialing files are reviewed weekly by our Medical Directors and approved accordingly. We are contractually obligated to complete processing of all clean credentialing applications within 30 days.
- ❑ Chaired by our Medical Director, the Credentials Committee meets monthly and makes the final recommendation to accept providers as fully-approved participants in WellCare's provider network.

- ❑ Providers properly credentialed in 2016 will have a contract effective date of January 1, 2017 to coincide with the launch of Heritage Health.
- ❑ For providers who submit their contracts and are credentialed after January 1, 2017, contracts will be effective the first day of the following month.
- ❑ The provider will receive a letter advising them of their contract's effective date, along with an executed copy of the contract. The letter will also include their new WellCare provider identification number and instructions on how to register as a participating provider on our website.

For questions/support or to request a contract packet:

NetworkExpansion@wellcare.com

Phone: 1-855-599-3814

Fax: 1-877-277-1815

Local Contact:

Ethan Muench, Manager, Provider Services

Ethan.Muench@wellcare.com

402-680-7376

Rick Reeves, Market Vice President

Rick.Reeves@wellcare.com

531-205-4308